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1617 \$

In re Application of:

Docket No. 02911.000600.

OLUWOLE T. ALOBA ET AL.

Application No.: 10/023,748

Examiner: San Ming R. Hui

Filed: December 21, 2001

Group Art Unit: 1617

For: ORAL PHARMACEUTICAL PRODUCTS
CONTAINING 17 β -ESTRADIOL-3-LOWER
ALKANOATE, METHOD OF ADMINISTERING
THE SAME AND PROCESS OF PREPARATION

Date: November 14, 2003

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TECH CENTER 1600/2900

COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

| CLAIMS AS AMENDED | | | | | | |
|--|--|-------|--|-------------------------|----------------|-------------------|
| | (2) CLAIMS REMAINING AFTER AMENDMENT | | (4) HIGHEST NO. PREVIOUSLY PAID FOR | (5) PRESENT EXTRA | RATE | ADDITIONAL FEE |
| TOTAL CLAIMS | * 13 | MINUS | ** 45 | = 0 | x \$9 \$18 | \$0.00 |
| INDEP. CLAIMS | * 1 | MINUS | *** 4 | = 0 | x \$43 \$86 | \$0.00 |
| Fee for Multiple Dependent claims \$145°/\$290 | | | | | | |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT--- | | | | | | \$0.00 |

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☒ A check in the amount of \$110.00 to cover the fee for a one- month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicants' undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,

Roy L. Mark
Attorney for Applicants

Registration No. 34,382

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3800
Facsimile: (212) 218-2200

02911.000600.



PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
: Examiner: San Ming R. Hui
OLUWOLE T. ALOBA ET AL.)
: Group Art Unit: 1617
Application No.: 10/023,748)
: Filed: December 21, 2001)
: For: ORAL PHARMACEUTICAL)
: PRODUCTS CONTAINING 17 β -)
: ESTRADIOL-3-LOWER)
: ALKANOATE, METHOD OF)
: ADMINISTERING THE SAME AND)
: PROCESS OF PREPARATION)
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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AND PETITION FOR EXTENSION OF TIME

Sir:

Applicants hereby petition to extend the time for submitting a response to the Office Action dated July 15, 2003, for one month from October 15, 2003 to November 15, 2003.

A check in the amount of \$110.00 is enclosed. Any deficiency in, or over-payment of, the required petition fee may be charged or credited to Deposit Account No. 06-1205. Additionally, if any other fees are required in association with this Amendment and Petition for Extension of Time, please debit any such fees to Deposit Account No. 06-1205.

Please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 10 of this paper.

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